

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Frank Jannazo

Signature of Treasurer

Electronically Filed by Mr. Frank Jannazo

Date

04

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		59846.35
(b) Cash on Hand at Beginning of Reporting Period	59846.35	
(c) Total Receipts (from Line 19)	61967.64	61967.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121813.99	121813.99
7. Total Disbursements (from Line 31)	35062.88	35062.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86751.11	86751.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 3 3 1 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	48800.45	48800.45
(i) Itemized (use Schedule A)	13077.91	13077.91
(ii) Unitemized	61878.36	61878.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	61878.36	61878.36
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	89.28	89.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61967.64	61967.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61967.64	61967.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	21500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	13562.88	13562.88
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35062.88	35062.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35062.88	35062.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61878.36	61878.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61878.36	61878.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28207

Amount of Each Receipt this Period

346.14

Bi-weekly payroll deducti-
on \$57.69/pay

B.

Full Name (Last, First, Middle Initial)

Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP - Quality Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.12

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28212

Amount of Each Receipt this Period

276.12

Bi-weekly payroll deducti-
on \$46.02 /pay

C.

Full Name (Last, First, Middle Initial)

Jocelyn Barnes

Mailing Address 428 169th Court NE

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28213

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$35.00 /pay

SUBTOTAL of Receipts This Page (optional)

832.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kim Elaine Byk

Mailing Address 2202 Liberty St. South

City

Canton

State

MI

Zip Code

48188

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP Clinical Support Systems

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

287.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28227

Amount of Each Receipt this Period

287.16

Bi-weekly payroll deducti-
on \$47.86/pay

B.

Full Name (Last, First, Middle Initial)

Charlie F Byrne

Mailing Address 4685 Rio POCO Court

City

Naples

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28229

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$35.00 /pay

C.

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Operations Support

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28235

Amount of Each Receipt this Period

1140.00

Bi-weekly payroll deducti-
on \$190.00 /pay

SUBTOTAL of Receipts This Page (optional)

1637.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Steven H Chowen

Mailing Address 1398 Penniman Ave.

City

plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28238

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-
on \$50.00 /pay

B.

Full Name (Last, First, Middle Initial)

Ms Pamela Cox

Mailing Address 6238 Shadowood Circle

City

Naples

State

FL

Zip Code

34112

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28241

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$35.00 /pay

C.

Full Name (Last, First, Middle Initial)

Karen L Davidson

Mailing Address 612 W. Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28247

Amount of Each Receipt this Period

311.52

Bi-weekly payroll deducti-
on \$51.92 /pay

SUBTOTAL of Receipts This Page (optional)

821.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

John Doherty

Mailing Address 55 Princeton Terrace

City

Oakland

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28135

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28256

Amount of Each Receipt this Period

212.03

Bi-weekly payroll deducti-
on \$30.29/pay

C.

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28257

Amount of Each Receipt this Period

1152.00

Bi-weekly payroll deducti-
on \$192.00 /pay

SUBTOTAL of Receipts This Page (optional)

1614.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

R Michael Ferguson

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28266

Amount of Each Receipt this Period

346.20

Bi-weekly payroll deducti-
on \$57.70 /pay

B.

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28271

Amount of Each Receipt this Period

341.88

Bi-weekly payroll deducti-
on \$56.98 /pay

C.

Full Name (Last, First, Middle Initial)

A. Louise Forsha

Mailing Address P. O. Box 418

City

Albrightsville

State

PA

Zip Code

18210

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Hampton House

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.28133

Amount of Each Receipt this Period

250.00

Credit Card Contribution -
Visa

SUBTOTAL of Receipts This Page (optional)

938.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Larry Robert Godla

Mailing Address 1556 Mary Ellen Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Develop/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28276

Amount of Each Receipt this Period

461.52

Bi-weekly payroll deducti-
on \$76.92 /pay

B.

Full Name (Last, First, Middle Initial)

Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28279

Amount of Each Receipt this Period

923.10

Bi-weekly payroll deducti-
on \$153.85 /pay

C.

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28280

Amount of Each Receipt this Period

323.10

Bi-weekly payroll deducti-
on \$53.85 /pay

SUBTOTAL of Receipts This Page (optional)

1707.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Stephen L. Guillard

Mailing Address 217 Garden St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28284

Amount of Each Receipt this Period

1153.86

Bi-weekly payroll deducti-
on \$192.31 /pay

B.

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28288

Amount of Each Receipt this Period

240.00

Bi-weekly payroll deducti-
on \$40.00 /pay

C.

Full Name (Last, First, Middle Initial)

Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City

Rockford

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28290

Amount of Each Receipt this Period

230.76

Bi-weekly payroll deducti-
on \$38.46 /pay

SUBTOTAL of Receipts This Page (optional)

1624.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Hollins

Mailing Address 3311 Gallatin Road

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Asst General Counsel - Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28137

Amount of Each Receipt this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28293

Amount of Each Receipt this Period

570.00

Bi-weekly payroll deducti-
on \$95.00 /pay

C.

Full Name (Last, First, Middle Initial)

Mr. John Huber

Mailing Address 26448 Carronade Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28295

Amount of Each Receipt this Period

270.00

Bi-weekly payroll deducti-
on \$45.00 /pay

SUBTOTAL of Receipts This Page (optional)

2340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Prog Implem Consult

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28296

Amount of Each Receipt this Period

240.00

Bi-weekly payroll deducti-
on \$40.00 /pay

B.

Full Name (Last, First, Middle Initial)

Frank A Jannazo

Mailing Address 3466 Country Farms Road

City

Oregon

State

OH

Zip Code

43616

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28297

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$35.00 /pay

C.

Full Name (Last, First, Middle Initial)

Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28299

Amount of Each Receipt this Period

431.28

Bi-weekly payroll deducti-
on \$71.88 /pay

SUBTOTAL of Receipts This Page (optional)

881.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Nancy E Johnson

Mailing Address 4266 Shire Landing

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28301

Amount of Each Receipt this Period

295.38

Bi-weekly payroll deducti-
on \$49.23 /pay

B.

Full Name (Last, First, Middle Initial)

Andrew Koha

Mailing Address 7620 Isaac Drive

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

RDO - Central 5

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28310

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-
on \$50.00 /pay

C.

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City

Saline

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28315

Amount of Each Receipt this Period

234.00

Bi-weekly payroll deducti-
on \$39.00 /pay

SUBTOTAL of Receipts This Page (optional)

829.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Lanning

Mailing Address 806 Copley Lane

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28316

Amount of Each Receipt this Period

625.00

Bi-weekly payroll deducti-
on \$125.00 /pay

B.

Full Name (Last, First, Middle Initial)

Terry L Lawrence Nelson

Mailing Address 1880 Oldfield Dr.

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Services ConsultantRN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28318

Amount of Each Receipt this Period

219.24

Bi-weekly payroll deducti-
on \$36.54 /pay

C.

Full Name (Last, First, Middle Initial)

Larry C Lester

Mailing Address 13507 Westbrook

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Mgr^ VP Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28319

Amount of Each Receipt this Period

510.00

Bi-weekly payroll deducti-
on \$85.00 /pay

SUBTOTAL of Receipts This Page (optional)

1354.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28325

Amount of Each Receipt this Period

265.38

Bi-weekly payroll deducti-
on \$44.23 /pay

B.

Full Name (Last, First, Middle Initial)

Joya Marotta

Mailing Address 1037 NW 18th Avenue

City

Boca Raton

State

FL

Zip Code

33486

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28146

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Deborah A McMonagle

Mailing Address 1632 Patricia Ave

City

Willow Grove

State

PA

Zip Code

19090

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

377.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28336

Amount of Each Receipt this Period

377.52

Bi-weekly payroll deducti-
on \$29.04 /pay

SUBTOTAL of Receipts This Page (optional)

1642.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28338

Amount of Each Receipt this Period

1153.86

Bi-weekly payroll deducti-
on \$192.31 /pay

B.

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28342

Amount of Each Receipt this Period

253.86

Bi-weekly payroll deducti-
on \$42.31 /pay

C.

Full Name (Last, First, Middle Initial)

Mr. Doug Mock

Mailing Address 308 East Front Street

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28139

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2407.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Spencer Moler

Mailing Address 8645 Ponte Vedra Court

City State Zip Code
 Holland OH 43528

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
VP/Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28344

Amount of Each Receipt this Period

1153.86

Bi-weekly payroll deducti-
on \$192.31/pay

B.

Full Name (Last, First, Middle Initial)

Ms Susan Morey

Mailing Address 700 Hunters Road

City State Zip Code
 Mohnton PA 19540

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28346

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-
on \$50.00 /pay

C.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code
 West Palm Beach FL 33414

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28350

Amount of Each Receipt this Period

230.76

Bi-weekly payroll deducti-
on \$38.46/pay

SUBTOTAL of Receipts This Page (optional)

1684.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28351

Amount of Each Receipt this Period

504.00

Bi-weekly payroll deducti-
on \$84.00 /pay

B.

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28352

Amount of Each Receipt this Period

324.00

Bi-weekly payroll deducti-
on \$54.00 /pay

C.

Full Name (Last, First, Middle Initial)

Gordon C Ochs

Mailing Address 2505 Waterford Court

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28354

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-
on \$50.00 /pay

SUBTOTAL of Receipts This Page (optional)

1128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Annette Orlowski

Mailing Address 669 Highway 60

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.98

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28355

Amount of Each Receipt this Period

346.98

Bi-weekly payroll deducti-
on \$57.83 / pay

B.

Full Name (Last, First, Middle Initial)

Paul A. Ormond

Mailing Address 2420 Underhill Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28120

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Susan Ormond

Mailing Address 2420 Underhill Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

CEO Admin Asst.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28121

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

10346.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ann E Otley

Mailing Address 333 W Wooster St

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director of Corporate Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28356

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$35.00 /pay

B.

Full Name (Last, First, Middle Initial)

Mr. James Pagoaga

Mailing Address 21 Winding Creek Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Rehabilitation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28122

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28357

Amount of Each Receipt this Period

392.28

Bi-weekly payroll deducti-
on \$65.38 /pay

SUBTOTAL of Receipts This Page (optional)

5602.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28358

Amount of Each Receipt this Period

1153.86

Bi-weekly payroll deducti-
on \$192.31 /pay

B.

Full Name (Last, First, Middle Initial)

Deborah A Parziale

Mailing Address 8850 Little Creek Road

City

Reno

State

NV

Zip Code

89506

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28360

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-
on \$30.00 /pay

C.

Full Name (Last, First, Middle Initial)

David III Pipkin

Mailing Address 9211 Marydell Rd

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

293.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28365

Amount of Each Receipt this Period

293.70

Bi-weekly payroll deducti-
on \$48.95/pay

SUBTOTAL of Receipts This Page (optional)

1657.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.18

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28366

Amount of Each Receipt this Period

369.18

Bi-weekly payroll deducti-
on \$61.53/pay

B.

Full Name (Last, First, Middle Initial)

Michael J Reed

Mailing Address 3899 Midshore Drive

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.24

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28372

Amount of Each Receipt this Period

519.24

Bi-weekly payroll deducti-
on \$86.54 /pay

C.

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.36

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28373

Amount of Each Receipt this Period

204.36

Bi-weekly payroll deducti-
on \$34.06 /pay

SUBTOTAL of Receipts This Page (optional)

1092.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code
 Toledo OH 43617

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.44

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28374

Amount of Each Receipt this Period

895.44

Bi-weekly payroll deducti-
on \$149.24/pay

B.

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City State Zip Code
 Monclova OH 43542

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.86

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28377

Amount of Each Receipt this Period

211.86

Bi-weekly payroll deducti-
on \$35.31 /pay

C.

Full Name (Last, First, Middle Initial)

Glen Roebuck

Mailing Address 314 Forest Road

City State Zip Code
 Davenport IA 52803

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28378

Amount of Each Receipt this Period

240.00

Bi-weekly payroll deducti-
on \$40.00 /pay

SUBTOTAL of Receipts This Page (optional)

1347.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Richard G Rump

Mailing Address 2423 Heather Glen Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Corporate Communication

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

296.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28382

Amount of Each Receipt this Period

296.52

payroll deduction

B.

Full Name (Last, First, Middle Initial)

Francis J Schmitt

Mailing Address 4007 Thistle Hill Court

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28385

Amount of Each Receipt this Period

480.00

Bi-weekly payroll deducti-
on \$80.00 /pay

C.

Full Name (Last, First, Middle Initial)

Bruce G Schroeder

Mailing Address 10945 Lakeview Dr

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP Home Health

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28386

Amount of Each Receipt this Period

360.00

Bi-weekly payroll deducti-
on \$60.00 /pay

SUBTOTAL of Receipts This Page (optional)

1136.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Elizabeth Schupp

Mailing Address 1022 Oakview Drive

City

Highland Heights

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28149

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Susan Sexton

Mailing Address 7645 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Manager - Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.22

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28391

Amount of Each Receipt this Period

200.22

Bi-weekly payroll deducti-
on \$33.37/pay

C.

Full Name (Last, First, Middle Initial)

Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28396

Amount of Each Receipt this Period

178.32

Bi-weekly payroll deducti-
on \$29.72/pay

SUBTOTAL of Receipts This Page (optional)

1128.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Steven D Spencer

Mailing Address 1102 Towsley Ln

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28401

Amount of Each Receipt this Period

250.00

Bi-weekly payroll deducti-
on \$50.00 /pay

B.

Full Name (Last, First, Middle Initial)

Steven D Spencer

Mailing Address 1102 Towsley Ln

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28141

Amount of Each Receipt this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.28406

Amount of Each Receipt this Period

235.97

Bi-weekly payroll deducti-
on \$33.71 /pay

SUBTOTAL of Receipts This Page (optional)

2985.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

253.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28410

Amount of Each Receipt this Period

253.86

Bi-weekly payroll deducti-
on \$42.31/pay

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director of Health Planning

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28413

Amount of Each Receipt this Period

330.00

Bi-weekly payroll deducti-
on \$55.00 /pay

C.

Full Name (Last, First, Middle Initial)

Susan Ward

Mailing Address 12 Arapaho

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28415

Amount of Each Receipt this Period

249.99

Bi-weekly payroll deducti-
on \$19.23/pay

SUBTOTAL of Receipts This Page (optional)

833.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Joe Wilson

Mailing Address 7720 Sagamore Hills Blvd

City

Sagamore Hills

State

OH

Zip Code

44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Mayfield Heights

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28144

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dan Wood

Mailing Address 844 Miami Street

City

Toledo

State

OH

Zip Code

43605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

381.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28422

Amount of Each Receipt this Period

381.60

Bi-weekly payroll deducti-
on \$63.60 /pay

C.

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

323.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28423

Amount of Each Receipt this Period

323.10

Bi-weekly payroll deducti-
on \$53.85 /pay

SUBTOTAL of Receipts This Page (optional)

1004.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.44

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28428

Amount of Each Receipt this Period

220.44

Bi-weekly payroll deducti-
on \$36.74 /pay

SUBTOTAL of Receipts This Page (optional)

220.44

TOTAL This Period (last page this line number only)

48800.45

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.28195 Date of Disbursement
Mailing Address 14 KNIGHTSWOOD DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div>
City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement Donation	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.28187 Date of Disbursement
Mailing Address P.O. Box 261060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
Purpose of Disbursement Donation	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE	Transaction ID: SB23.28182 Date of Disbursement
Mailing Address PO Box 703	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div>
City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
Purpose of Disbursement Donation for event held on 03/08/2008	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Donation for event held on 01/16/2008

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28169

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28176

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Kay Hagan for US Senate

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28191

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
MASSA FOR CONGRESS

Mailing Address 59 EAST MARKET STREET SUITE 244

City CORNING State NY Zip Code 14830

Purpose of Disbursement
Refund of Contribution from 10/29/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
SALAZAR FOR SENATE

Mailing Address PO BOX 600

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Donation for Event held on 03/26/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
STEPHANIE TUBBS JONES FOR US CONGRESS

Mailing Address 3729 SILSBY RD

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Purpose of Disbursement
Donation for Event held on 03/13/08

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28183

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue
Suite 804

City State Zip Code
Niles OH 44446

Purpose of Disbursement
Donation for event held on 02/17/2008

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28175

Date of Disbursement

M M / D D / Y Y Y Y
02 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
UDALL FOR COLORADO INC

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement
Donation for Event held on 04/02/08

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28190

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Wynn For Congress

Mailing Address 1129 20th Street, NW
C/O Mitchell and Titus, LLP

City Washington State DC Zip Code 20036

Purpose of Disbursement
Donation for event held on 02/06/2008

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.28173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

21500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Bruce Caswell for State Representative

Mailing Address 8940 East Bacon Road

City Hillsdale State MI Zip Code 49242

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

B. Full Name (Last, First, Middle Initial)
Citizens for Sears

Mailing Address 6711 Monroe Street
Bldg 2 Suite D

City Sylvania State OH Zip Code 43560

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Citizens for Wagoner

Mailing Address 7445 Airport Highway

City Holland State OH Zip Code 43528

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Committee to Elect Kathy Angerer	Transaction ID: SB29.28179 Date of Disbursement
Mailing Address P.O. Box 157	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 8</div> </div>
City Dundee State MI Zip Code 48131	Amount of Each Disbursement this Period
Purpose of Disbursement Donation	<div>300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Mark C. Jansen for State Senate	Transaction ID: SB29.28184 Date of Disbursement
Mailing Address 6670 Kalamazoo Avenue Suite E-128	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 0 8</div> </div>
City Grand Rapids State MI Zip Code 49508	Amount of Each Disbursement this Period
Purpose of Disbursement Donation for Event held on 03/27/08	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Sheila Leslie	Transaction ID: SB29.28188 Date of Disbursement
Mailing Address 4550 W. Oakey Blvd #99B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 8</div> </div>
City Las Vegas State NV Zip Code 89102	Amount of Each Disbursement this Period
Purpose of Disbursement Donation for Event held on 04/01/08	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
House Democratic Caucus Fund

Mailing Address 271 E. State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
House Republican Campaign Committee

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
O'Connor for Supreme Court

Mailing Address 100 E. Broad Street
Suite 2330

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Senate Democratic Fund

Mailing Address P.O. Box 11111

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City State Zip Code
Harrisburg PA 17108

Purpose of Disbursement
Donation for Event held on 03/31/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Stratton for Supreme Court Committee

Mailing Address 260 N. Cassady Avenue

City State Zip Code
Columbus OH 43209

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Susan Peters for Supervisor	Transaction ID: SB29.28167 Date of Disbursement																				
Mailing Address P.O. Box 19172	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	0	8												
City Sacramento State CA Zip Code 95819	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donation for Event held on 01/17/2008 Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28170 Date of Disbursement																				
Mailing Address P.O. Box 5065	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	8												
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fees - Jan 08 Candidate Name	<table border="1"> <tr> <td colspan="10">55.08</td> </tr> </table>	55.08																			
55.08																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.28171 Date of Disbursement																				
Mailing Address P.O. Box 5065	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	8												
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fees - Feb 08 Candidate Name	<table border="1"> <tr> <td colspan="10">41.60</td> </tr> </table>	41.60																			
41.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

596.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - Mar 08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.28172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.20

B.

Full Name (Last, First, Middle Initial)
WHCA-PAC

Mailing Address 121 East Wilson Street
Suite L200

City Madison State WI Zip Code 53703

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.28181

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional)

1791.20

TOTAL This Period (last page this line number only)

13562.88